



Alliance for Women's
Health & Prevention

October 11, 2023

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services

RE: 2023 CMS Health Equity Conference Report

Dear Administrator Brooks-LaSure:

I would like to express my appreciation for the invaluable work that the Centers for Medicare and Medicaid Services (CMS) have been doing to advance the cause of health equity, particularly the most recent Health Equity Conference held in June. The gathering of leaders from various sectors, including federal agencies, health provider organizations, academia, health plans, and community-based organizations, to discuss and strategize on how best to address health disparities is vital in our collective push to close key equity gaps.

While the conference covered a wide range of important topics, obesity was noticeably missing.

As an organization focused on preventive health policy, the Alliance for Women's Health and Prevention (AWHP) views obesity and obesity-related morbidity as urgent health equity concerns. We are calling on CMS to prioritize the full continuum of obesity care, including behavioral therapy, medical nutrition therapy, obesity treatment medicines and the different types of surgical interventions in its future programming.

Obesity is a multifaceted public health issue that disproportionately impacts women, communities of color, and those with limited access to healthcare resources. Its impact on health disparities cannot be overstated, as it is intricately linked to numerous chronic conditions, including diabetes, cardiovascular disease, and certain types of cancer.

The Prevalence of Obesity is Higher in Historically Marginalized Communities

- Obesity [prevalence in Black adults is over 20%](#) in all U.S. states and territories. Obesity [prevalence in Hispanic adults is over 25%](#) in all U.S. states.
- For people [ages 20 and older in the U.S.](#), Black adults have the highest overall obesity rate (49.6%), followed by Hispanic adults (44.8%), white adults (42.2%), and Asian adults (17.4%).
- Complications of being overweight and managing obesity are prevalent in the Asian and Pacific Islander communities. [In 2014](#), an estimated 12.8% of Native Hawaiians, 10.0% of Hawaii residents of Chinese descent, 13.0% of Hawaii residents of Filipino descent, 13.6% of Hawaii residents of Japanese descent, and 14.9% of Hawaii residents of other Pacific Islander descent were diagnosed with diabetes compared with 5.0% of white Hawaii residents.
- The prevalence of obesity is also approximately [6.2 times higher in rural areas](#) than in urban areas.

- [Social determinants of health](#) play a role in an individual's weight and weight management – such as the availability and affordability of food options, peer and social supports, community design, and conditions supporting physical activity.

Women of Color Are Disproportionately Impacted by Obesity – and the Related Health Outcomes

- Black women have the [highest rates of obesity](#) or being overweight compared to other groups in the U.S., and about four out of five Black women are overweight or have obesity.
 - Black patients participating in lifestyle-based obesity interventions lose approximately [half the weight](#) that their white counterparts lose. In [weight-loss programs](#), Black women are unlikely to transition from having obesity (BMI ≥30) or being overweight (BMI 25–29) to being a “normal” body weight (BMI <25).
- More than two in five Hispanic women ([43.7%](#)) have obesity, compared to 39.8% of non-Hispanic white women.
- If existing trends in obesity continue, [52.5% of Hispanic women and 49% of Black women](#) will develop diabetes in their lifetime – compared with 31% of white women.
- Gestational diabetes, which is linked to obesity and is associated with greater risk of developing Type 2 diabetes, is just one example of how women of color are impacted by the disease.
 - Hispanic women in the U.S. are at [two- to fourfold higher risk](#) for gestational diabetes compared with non-Hispanic white women.
 - While Black women are generally less likely to suffer from gestational diabetes, those who do are more likely to have obesity and far more likely to subsequently develop Type 2 diabetes. The greatest disparity in subpopulation Type 2 diabetes rates is between Black women and white women and appears to be due to risk factors such as obesity.

Obesity is Linked with Women's Health

- Women are more likely to have obesity than men and it [impacts different aspects of their health](#) including fertility, pregnancy, lifetime hormonal change and breast, uterine, ovarian and endometrial cancer. Women with obesity are also more likely to have high blood pressure, high cholesterol, heart disease, diabetes, or experience a stroke.
 - Obesity is a recognized risk factor for the development of [endometrial cancer](#), as well as the development and recurrence of [breast cancer](#), especially because the efficacy of breast cancer treatments is significantly lower in women with obesity.
- Women typically have [more body fat and less muscle mass](#) than men, which affects metabolic rate. In addition, female-associated hormones and hormonal conditions affecting women can be a factor in weight loss and weight distribution.

CMS has exercised its legal authority before to cover medications that were previously excluded in Medicare Part D.

- CMS' policy currently interprets federal statute to exclude anti-obesity medications from Part D coverage. CMS adopted this policy in the preamble to a 2008 Part D final rule and can therefore reverse this policy the same way.
- CMS took a similar approach when it interpreted the prohibition on agents for weight gain to permit Part D coverage of drugs used to treat AIDS wasting and cachexia.
- As our understanding of obesity has evolved, it is important that Medicare no longer exclude AOMs as “weight loss” agents but cover them as essential therapies that treat obesity and related conditions as a severe, chronic disease that goes beyond just “weight loss” to reduce overall morbidity and mortality.
- CMS is an outlier among payers across the healthcare system. While coverage varies, other payers recognize obesity as a chronic disease and the important role AOMs play in improving health, reducing disease, and increasing health equity. The following payers and payer groups do cover AOMs: Federal Employees Health Benefits Program, Department of Veterans Affairs, TRICARE, and several state Medicaid and commercial plans.

Addressing obesity requires a comprehensive approach that includes not only prevention but also access to affordable, evidence-based treatments and interventions. I respectfully urge you to consider including obesity as a

central theme in future conferences and reports. This prioritization will foster a richer dialogue, encourage interdisciplinary collaboration, and lead to innovative strategies that can make a meaningful difference in the lives of those most impacted by obesity-related health disparities.

Thank you for your consideration on this matter.

Sincerely,

A handwritten signature in cursive script that reads "Millicent Gorham".

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